

## CANDIDATE PHYSICAL ABILITY TEST - CPAT

**Connecticut Fire Academy**  
**34 Perimeter Road Windsor Locks, CT 06096-1069**  
**www.state.ct.us/cfpc • Fax (860) 654-1889**

**This Test Takes Place At The CPAT Center In Meriden, CT.**  
**Directions will be provided with confirmation before your test date.**

To register for the test, please complete the form below and return it with payment to the Connecticut Fire Academy. The fee for the test is \$65.00 and is payable by cash, check or VISA/MasterCard. You will be notified of your test date and time by mail. There will be two test sessions each day. The morning session is 8:00AM – 12:00PM with the afternoon session running from 12:30PM – 4:30PM. You will be required to arrive 30 minutes before your scheduled test session begins. Individuals will be assigned in sequential positions as they arrive and register on-site.

**Please print or type and return with payment to:**  
**Connecticut Fire Academy**  
**34 Perimeter Road**  
**Windsor Locks, CT 06096-1069**

**Candidate Physical Ability Test - \$65.00**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

ID Number \_ \_ \_ - \_ \_ \_ \_

Your ID Consist of the First (3) Letters of your last name  
and Last (4) number of your social security number  
Example: John Adams - SS # 000-00-5555  
The new ID # will be **ADA-5555**

☐ Check made payable to CFPC☐ Purchase Order # \_\_\_\_\_☐ VISA ☐ MasterCard Card # \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Information such age, sex, and ancestral heritage are used for statistical purposes  
only and will not be shared with any employer.

Date of Birth \_ / \_ / \_ Sex ☐ M ☐ F Please check one

Please check the race(s) which best applies to you:

1. ☐ American Indian or Alaskan Native
2. ☐ Asian
3. ☐ Black or African American
4. ☐ White
5. ☐ Native Hawaiian or Pacific Islander

Please check the Ethnicity that best applies to you:

1. ☐ Hispanic or Latino
2. ☐ Not Hispanic or Latino

## DATA PRIVACY WARNING

1. The information provided by you on this form will be used solely and exclusively for providing you and like applicants with services.
2. Your social security number is classified as private data. It is used to track your records in regard to personal performance in the CPAT program.
3. The consequence of not furnishing all of the information on this form is that the services may be delayed, restricted or withheld. Further, personal data retrieval will be delayed.